

**SUGGESTED FORMAT - RENT REASONABLENESS CHECKLIST  
EXHIBIT 1**

Street Address or Unit Number:

City:

County:

Published Fair Market Rents for this type unit is \$ \_\_\_\_\_ whereas the required

Contract Rent is \$ \_\_\_\_\_ plus utilities of \$

Location \_\_\_\_\_ Unit Type \_\_\_\_\_ Mgt. & Maint. Serv.

Number of Bedrooms \_\_\_\_ Does it meet HQS \_\_\_\_\_ Facilities

Square Feet \_\_\_\_\_ Amenities

Year Built \_\_\_\_\_ Comments

**The following are rent comparable:**

	Unit #1	Unit #2	Unit #3
1. Address			
2. Square Feet			
3. Number of Bedrooms			
4. Location: Accessibility to Services (List)			
5. Unit Type			
6. Quality - Meets Standard			
7. Amenities: (List)			
8. Facilities; (List)			
9. Date Built			
10. Mgt. And Maintenance Services			
11. Gross Rent (Including Utilities)			
12. Allowance for tenant Supplied Utilities			
13. Fair Market Rents			

In accordance with 24 CFR 882.106, I certify that based on information available to this office, the requested Contract Rent   / / is   / / is not reasonable.

---

Name of PHA

By:

---

Signature

Title

Date

## Rent Reasonableness Exhibit 2

- |   |  |                |
|---|--|----------------|
| <b>1.</b>   |  |                |
| (Name of Family)  |  |                |
|   |  |                |
| (Street Address and Apt. No.)   | (City, State and Zip Code)                                 |                |
|   |  |                |
| (Name of Owner/Agent)   | (Address)  | (Phone Number) |
|   |  |                |
| <b>2. Number of Bedrooms</b>  |  |                |
|   |  |                |
| <b>3. Type of Unit:</b>   | _____Subsidized<br>____Unsubsidized<br>____Rent Controlled |                |
|   |  |                |
| <b>4. Published Fair Market Rent</b>  | \$ _____   |                |
|   |  |                |
| (a) HUD approved exception rent, if applicable                                  | \$ _____   |                |
|   |  |                |
| (b) \$ above published FMR  | \$ _____   |                |
|   |  |                |
| <b>5. Owner's Proposed Contract Rent</b>  | \$ _____   |                |
|   |  |                |
| (a) Allowance for tenant-furnished utilities, if any                            | \$ _____   |                |
|   |  |                |
| (b) Gross Rent  | \$ _____   |                |
|   |  |                |
| <b>6. Owner's Most Recent Rent Charged</b>                                      | \$ _____   |                |
|   |  |                |
| (a) Did this rent include all utilities?  | Yes ___ No ____<br>(If no, explain)<br><br>_____           |                |
|   |  |                |
| (b) Amount of increase over current rent, if any                                | \$ _____   |                |
|   |  |                |
| (c) Reason for rent increase?   | _____<br>_____   |                |
|   |  |                |
| (d) Owner's reason for increase in rent justified? Yes ___ No ____              | (If no, explain)<br>_____<br>_____                         |                |
|   |  |                |
|   |  |                |
| <b>7. Comparable Rent for Similar Type Unit<br/>(With Comparable Amenities)</b> | \$ _____   |                |
|   |  |                |
| (Name of Apt. Complex, if applicable)   |  |                |
|   |  |                |
| (Street Address)  | (City, State and Zip Code)                                 |                |

Attachment 6  
Exhibit 6-2

Page 2 of 2

\_\_\_\_\_  
(Name of Owner/Agent)                      (Address)                      (Phone Number)

Number of Bedrooms \_\_\_\_\_

8. Is the rent for the unit higher than rents the owner charges for comparable unassisted units?

\_\_\_ Yes \_\_\_ No

(If "yes", the rent may not be approved as reasonable)

The Agency hereby certifies that the Contract Rent is reasonable.

\_\_\_\_\_  
(Name of PHA)

By: \_\_\_\_\_  
Signature                      Title                      Date